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BALTIMORE MEDICAL COLLEGE NEWS

VOL. IX JANUARY 15, 1913 No. 11

THE ONE HUNDRED AND EIGHTH
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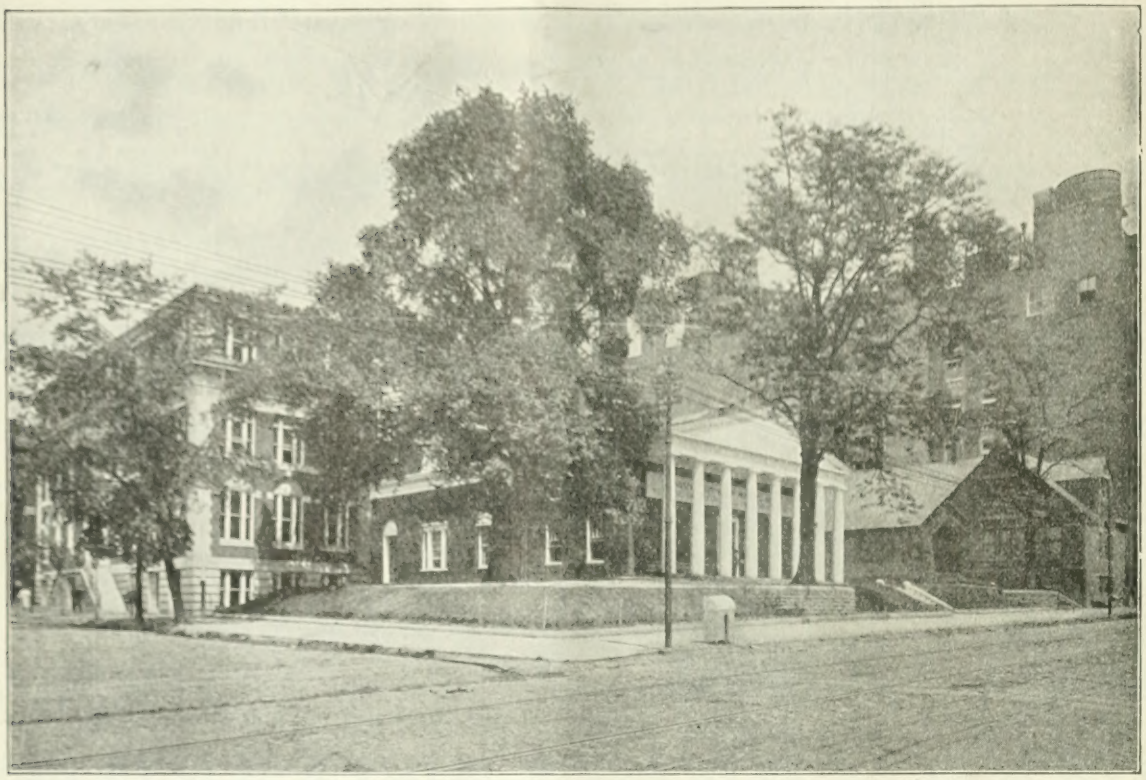

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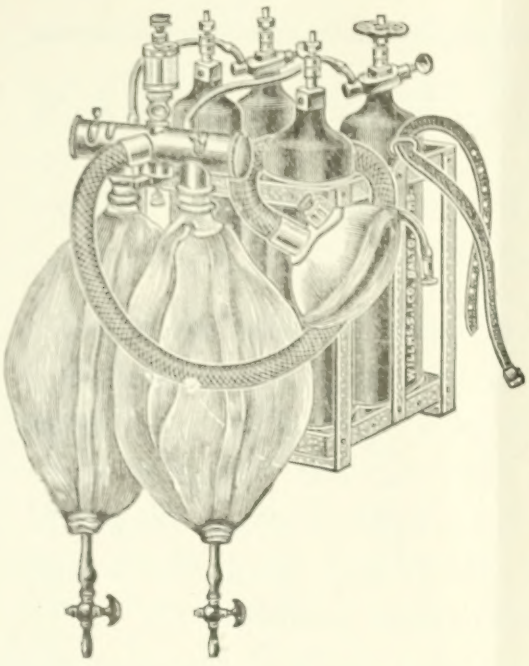

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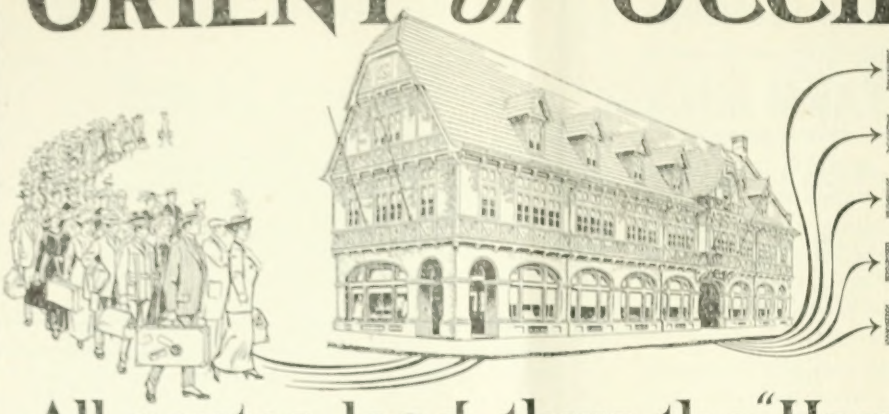

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Contributions invited from the Alumni of the University, Business Address, 608 Professional Building, Baltimore, Md.

Entered at the Baltimore Post-office as Second Class Matter

Vol. IX BALTIMORE, MD., JANUARY 15, 1913 No. 11

COMPARISON BETWEEN WASSERMAN AND LUETIN REACTION WITH REPORT OF CASES.*

By H. J. Maldeis, M. D.,
Pathologist to the University Hospital.

Any method by which a positive diagnosis of syphilis can be made in all stages or degree of infection is very acceptable in the face of the present difficulties in making a correct diagnosis. The clinician and specialist is confronted daily with patients showing the various phases of this disease, and are not always able to make a positive diagnosis. This disease so strikingly simulates other diseases that any method, therefore, which assists in its differentiation is very valuable from many standpoints. For example: If we are governed at all times in making a diagnosis by so many obscure symptoms and signs as external or surface eruptions, which are not always clear and well defined, headache, scars, leukoplakia, enlarged glands, or to depend upon history—these things alone or collectively may mislead one in making a correct diagnosis.

With the introduction of the Wasserman, the responsibility of the physician in diagnosing syphilis, particularly in obscure cases, has been referred to the laboratory. This test is of unquestionable value in diagnosing syphilis. There are only three diseases (yaws, malaria, leprosy) that give in a certain number of cases a positive reaction. Really two of the three may be entirely eliminated, because they are rarely, if ever, seen in this country, and the chances are they will never play much of a part in "domestic medicine," whereas malaria can generally be diagnosed by finding plasmodia malaria present in blood. A positive reaction may be obtained in a very few cases of terminal tuberculosis or miliary tuberculosis. In both the symptoms are usually clear; as a matter of fact (according to some observers), syphilitic changes are sometimes seen in arteries of these cases, so that a positive reaction is due to syphilis complicating tuberculosis. Take, for example, a negative Wasserman. On what does it depend? The case may not be syphilitic; it may follow treatment; the infection may not be active enough to form lipoid substances on which it depends, or the infection may be in its earliest stage; it may be due to using alcohol. A negative Wasserman does not mean a cure in all cases. Our experience has been in a large number of cases that a positive reaction may follow if the patient is kept off of treatment for a shorter or longer period, depending on the stage of the disease, and on the form of medication. As a general rule, if two or more tests remain negative a year and a half after all treatment has been dispensed with, we may say, as far as the Wasserman is concerned, a cure has been effected. Can we say a person is cured of gonorrhea simply because we fail to find the gonococci? If so, many cases of cures are wrongly interpreted, particularly in the chronic forms with complications. The same thing is true of a negative Wasserman—one negative does not mean a cure, etc.

This leads me to the luetin test as a test of much value in giving additional help in diagnosing syphilis in some of its obscure forms.

Noguchi was stimulated in cutaneous test by von Pirquet's discovery of tubercular skin test and by several other workers, Noble, Neisser, Bruch, etc. They attempted to find a skin reaction for syphilis by applying various extracts of syphilitic tissue, fetal liver and chancre to the skin of syphilitic patients. In some instances

*Read before the University of Maryland Medical Society, November 11, 1913.

their efforts were encouraging but not positive, and they determined that the skin of syphilitics was very sensitive and reacted to syphilitic extracts and also to normal tissue. This peculiar sensitiveness of the skin in syphilis led Neisser to call the reaction "umstimmung." Neisser also suggested that an extract of pallidum may be useful if freed from its tissue constituents; this, however, had not been accomplished. It remained for Noguchi, after the failure of these men, to devise proper methods and media, etc., for growing the treponema pallida in pure culture and applying it.

The test depends upon the injection of the organism and the reaction resulting from a condition of hyper-sensitiveness of the skin, this being due to the presence of the organism and the formation of antibodies.

This ultramicroscopic test is specific, depending upon a specific antigen, and in no other condition than syphilis do you get a positive reaction; whereas, in the Wassermann test, the reaction may be obtained by using non-specific antigen, it depending upon lipoidal substances as well as antibodies. The luetin test is therefore more specific, but is almost limited to late stages of the disease. The skin of most syphilitics is apparently susceptible to traumatic irritation. "Finger" advanced the theory of superinfection, which presupposes that a trauma creates a spot of weakened resistance in the skin, and that the syphilitic virus wander thither from a hidden focus in the interior to set up the lesion.

Neisser does not agree with this view, because he failed to find spirocheta present in the lesions. He believes it is due to a "pathogenic condition of skin itself," which he called umstimmung.

Noguchi, in 315 cases, observed in only 15 cases a reaction in the controls, and he gives as his opinion, "that it is not due to any abnormal irritative condition of the skin alone, but to a specific allergic condition."

Preparation of the Antigen. The spirocheta pallida is cultivated in ascitic fluid agar, containing testicle or placental tissue which should be sterile. The growth extends over a period of 6-12-24-50 days at 37° C. under anerobic conditions. At the end of this time those tubes showing dense growths of the spiocheta are taken and the tissue is separated from the agar column. These agar columns are then ground very carefully in a sterile mortar. This pastelike mass is diluted to liquid by adding some of the ascitic bouillon culture, which contains quite a large number of the organism. The next step is to heat the liquid preparation to 60° C. for 30 minutes in a water bath, and then there is added 0.5 per cent. tricresol. Cultures from this preparation should remain sterile, and no change should follow in testicles of rabbits from inoculation. Suspension examined under the microscope should show no motile organism. The best way to keep this preparation is in small ampoules holding from .5 c. c. or less in the refrigerator.

Noguchi applied the test to a series of rabbits: one group was given emulsion from syphilitic orchitis; another group was injected with the killed organisms; another group in which was produced experimentally orchitis (syphilitic), and still another group which were cured by intravenous injections of salvarsan. He also used a group of normal animals. Through these experiments he determined the specificity of the reaction before applying it to man.

The Test Applied to Man. The injection should always be given intradermically, as superficial as possible, and if properly given the epidermic layer should be raised in the form of a bleb, pale in color, which recedes in about 15 minutes. We had a few cases showing constitutional symptoms in syphilitics following luetin. A slight rise of temperature, general malaise, loss of appetite and diarrhea occurred in some of our positive cases, but no symptoms in our non-syphilitic cases.

Reactions. Normal or Negative. Noguchi in about 50 non-syphilitic cases determined that a normal reaction consisted of a small erythematous area at the site of the inoculation; this receded slowly in about 48 hours without induration. In some cases it may reach a stage of papule, size 4x4 mm. in 24 to 48 hours, and within four days is practically normal; no induration, but may be slightly discolored. As a general rule, there is no pain or itching. In 15 of our control cases there was no reaction at all, while 22 were of the small papular variety, receding in three or four days.

Positive Reactions. There are several varieties, depending upon the degree to which the skin of syphilitics react. According to Noguchi, there are three. First form, papular. In 50 per cent. of our positive cases there appeared within 24 to 48 hours after injection a raised papule, red-

dish in color. The size varied from 7 to 10 mm., with induration, and surrounding this was a red area. The size of the papule and degree of induration increased during the next four or five days; then it gradually receded, finally disappearing in about two weeks, although some lasted a longer time.

This reaction was noted in the secondary form, especially under treatment by mercury and "606." According to Noguchi, it is seen also in children under one year showing congenital syphilis.

Another form is the pustular. This reaction is usually seen in tertiary and some forms of hereditary, and some secondary under "606" treatment. This was first preceded by the papule, and on or about the fourth or fifth day the papule shows more redness and elevation due to edema and numerous small vesicles in some cases formed. These vesicles undergoing a softening which started in most cases in the center, and in about 24 to 48 hours the vesicle became filled with a semi-opaque serum which soon changed into pus. The pustule ruptured, and the edges remained indurated; a crust formed and soon fell off. Some of our cases showed large pustules, while others only small ones, and the same is true of the degree of inflammation. We were only able to observe a few cases where the induration persisted for several weeks.

Another form is the torpid. We found this delayed form in only a few cases, and therefore may be misleading. In a few days the papule disappeared and cleared up, and the cases reacted just as negative ones. Our cases suddenly started up again; in one case, 15 days later, and in another, about three weeks; then both went on to pus formation, finally acting as the pustular form. This form is usually seen in central nervous system lesions, although may occasionally be observed in primary, secondary and congenital syphilis (Noguchi).

RESULTS.

Noguchi records 642 cases; 315 were syphilitic, 77 para syphilitic and 250 controls. His results show that in primary and secondary syphilis with insufficient or no treatment no skin reaction occurred, except in a few cases, which always showed papule form of reaction. The treated secondary cases (after vigorous mercury treatment and "606") showed marked reaction. In his series, several cases in which Wasserman reappeared, the cases gave a doubtful luetin, and in about 15 cases treated with mercury and "606," in which Wasserman remained negative for more than a year, no luetin reaction was elicited.

These cases giving negative luetin reaction illustrate that the allergic condition of syphilitic skin does not persist after a certain time following complete elimination of the pallida from the system. In early cases, primary and untreated secondary, which came under our observation, showed the Wasserman to be more reliable, whereas in our cases of tertiary and late secondary the skin reacted strongly, which is due to a probable increase in the state of allergy. It is in these cases with very obscure symptoms that the luetin is more valuable than the Wasserman, because it is more often positive. This is true particularly of cases that are under treatment.

Noguchi mentions two causes for the absence of positive Wasserman. First, the restraining power of the body upon the propagation of the pallidum, together with the neutralization of its injurious products there, the formation of antibodies. Second, which is seen in primary and secondary cases, arises from the inability of the body to respond to the pallida stimulus by the formation of the substances on which the Wasserman reaction depends. In syphilis of the central nervous system the Wasserman is more reliable before effective treatment is used; then it becomes less constant and the luetin more reliable. It is more constant in a large number of these cases which have been under very vigorous treatment. The Wasserman made on blood often disappears in these well-treated cases. In some of our cases the cerebrospinal fluid reacted positive, while the blood reaction was negative. Noguchi's results with luetin in para syphilis have not been satisfactory. He studied 72 cases of general paralysis, 45 of which reacted positive, and in 5 cases of tabes, 3 reacted positive. In 35 controls, which included 15 cases of dementia precox, 6 alcohol psychosis and 14 cases of other forms of psychosis, only 4 reacted positive, and these cases were dementia precox. In 50 children used as control cases and 200 adults, Noguchi found none reacted positive. Orleman-Robinson in 108 dermatological cases used as controls, including a large number of different skin diseases, only one gave a positive reaction. In this case syphilis could not be excluded. In 63 cases of known syphilis his percentage of positive reactions corresponds very closely to Noguchi.

Cohen in 60 cases of various ophthalmological diseases comprising both secondary and tertiary stages obtained altogether about 77 per cent. of positive reactions. Clinical and Wasserman readings were used as controls. Anti-syphilitic treatment apparently influenced the Wasserman, because some of them reacted negatively in positively known syphilitics. These treated cases probably followed a positive luetin reaction, particularly in the secondary stages. Some of the observers did not get quite such good results or encouragement as noted above. Suffice it to say that the test is of value in diagnosing syphilis.

Allan Brown, Babies' Hospital, New York, obtained a positive reaction in 81 per cent. of 58 cases, or 92 per cent. suffering from congenital syphilis. In 73 non-syphilitic cases there was no positive reaction. Wasserman was also negative. He found that the more energetic the treatment, the more distinct the luetin reaction.

EFFECT OF REPEATED LUETIN TESTS.

In positive cases, where another test is made in about six weeks following the first, the reaction is very much like the first one, whereas if repeated at shorter intervals the reaction shows up more quickly and the duration is shorter.

Cohen observed a mild reaction following the injection with another about one week later, which quickly faded away, in about 24 hours, being due most likely to the negative phase of allergy. We observed this in two cases especially chosen for this purpose.

EFFECT OF TREATMENT.

Mercury does not affect the reaction; this is an advantage over the Wasserman. In several of our cases the reaction was negative, and on giving "606" and mercury together, and in some cases alone, following a subsequent injection of luetin, the reaction was strongly positive. This is especially true of "606," which possesses a double influence on spirocheta—"that of causing allergy by destroying some spirocheta; and, again, it completely destroys the spirocheta and brings about that which is termed a cure."

There is no doubt but that a certain number of cases are cured, determined by a negative Wasserman and luetin reaction; again, some may be in a quiet or latent stage, and will not respond to the serum reaction, but will to the luetin if treatment is vigorous. Cases which react negatively (Wasserman and luetin), at least one and one-half years after all treatment has been dispensed with, may be reasonably pronounced cured. The Wasserman will be the first to disappear, and then the luetin, although in some cases both will remain positive, even under vigorous treatment.

I desire to thank Professor Zueblin for securing the luetin from Dr. Noguchi's laboratory, Rockefeller Institute, and also for his assistance in referring cases for the test. I wish to express my indebtedness to the other professors and staff of the University Hospital.

REPORT OF CASES.

1. Cases in which syphilis could not be excluded as an etiologic factor.

Diagnosis.	No. of cases.	Wasserman. P.	Wasserman. N.	Luetin. P.	Luetin. N.	C. S. F. P.	C. S. F. N.
Arteriosclerosis	4	3	1	3	1	..	..
Tabes dorsalis	4	..	2	..	1	2	..
Myocardial and aortic insufficiency	6	3	3	2	4	..	..
Aortic and mitral insufficiency	5	2	3	3	2	..	..
Myocarditis and arteriosclerosis	1	..	..	..	..	..	..
Bulbar apoplexy	1	Not made		..	..	..	..
Meningitis	1	1	..	Died		..	..
Dementia præcox	3	1	2	2	1	..	..
Hemiplegia	3	1	2	1	2	..	..
Cerebral syphilis	3	2	1	2	..	2	..
Amyotrophic lateral sclerosis	1	..	..	Left		..	..
Traumatic hysteria and epilepsy	1	..	..	..	..	..	..
Epilepsy	1	..	..	..	..	..	..
Paralysis agitans	1	..	..	..	..	..	..
Chronic adhesive pericarditis	1	None made		..	..	..	..
Cervical adenitis	1	..	..	..	..	..	..
Cirrhosis liver	1	..	..	..	..	..	..
Glisson's liver	1	..	..	..	..	..	..

2. Case in which syphilis could reasonably be excluded as a factor.

Diagnosis.	No.	Wass. P.	Wass. N.	Luetin. P.	Luetin. N.	Gonorrhea. C. F. P.	Gonorrhea. C. F. N.
Varicose ulcer	1	..	..	..	..	..	..
Inguinal adenitis	1	..	..	..	..	..	..
Chronic arthritis	2	..	—	..	—	..	..
Nephritis	1	—	..	..	..	..	..
Floating kidney	1	..	..	..	..	..	..
Elastic pleurisy	1	..	..	..	..	..	..
Acute alcoholism	1	..	..	..	..	..	..
Hyperthyroidism	2	..	..	..	..	..	..
Enlarged spleen	1	..	..	..	..	..	..
Typhoid	1	..	..	..	..	..	..
Gonorrhea cervicitis	1	..	..	..	..	..	..
Gonorrhea arthritis	3	..	..	..	..	2	—
Posterior urethritis	1	..	—	..	—	+	..
Infectious arthritis	1	..	..	..	..	..	—
Lymphatic leukemia	1	..	—	..	—	..	..
Pellagra	2	..	..	..	..	..	..
Pulmonary tuberculosis	3	..	..	..	..	..	..
Malaria	2	..	..	..	..	..	..
Epithelioma	1	..	..	..	..	..	..
Sarcoma of foot	1	..	..	..	..	..	..
Pleurisy with effusion	1	..	—	..	—	..	..
Ulcer of tonsil	2	..	—	..	—	..	..
Chancroid	2	..	..	..	..	..	..

3. Cases in which syphilis was the etiologic factor.

Diagnosis.	No. of cases.	Wass. P.	Wass. N.	Luetin. P.	Luetin. N.
Primary syphilis	2	1	1	..	2
Early secondary	3	3	..	1	2
Late secondary	4	2	2	4	..
Tertiary	5	2	3	4	1
Syphilitic periostitis	1	+	..	+	..
Syphilitic ulcer	2	1	1	2	..

4. Eye cases without definite history.

EYE CASES.

Chorioretinitis	1	..	..	..	—
Optic atrophy	1	..	—	..	..
Choked disk	1	..	—	+	..
Iritis	2	..	..	1	..

FOR HIGHER IDEALS IN THE SOUTH.

By Ruth R. Kuhn, R.N.,
Superintendent Nurses, Atlantic Coast Line Hospital, Waycross, Ga.

As a graduate nurse, registered, I beg leave to call the attention of the members of this society to a subject which I hope they will deem worthy of their consideration. It touches upon graduation, registration and discrimination in the profession of nursing.

Women, posing as graduate nurses, seem to be able to present themselves to communities in the South, and, as such, have little difficulty in obtaining work. These women, after 6 or 12 months' service in a hospital, either failed to make good, were dismissed or left of their own accord to seek employment as graduate nurses. These women lower sadly the standard of nursing in the South, and are a menace to the public. More often than not they are unsatisfactory to the physician and patient, which would seem only natural, for a nurse who is deficient in training is not capable of nursing seriously-ill patients; what she lacks in professional ability she makes up in her excessive "nerve" to demand the graduate nurse's fee. I do not wish to infer that these women should not be allowed to *work* as nurses, but I do insist that they should not be permitted to *nurse* as *graduate nurses*. The undergraduate, or practical nurse, as she is often termed, can be utilized in such cases where much professional skill is not required, or where a little training is better than no training at all.

Personally, I have had some experience with several of these women, and it offends my pride and sense of professional dignity to see such women, most of whom are uneducated and illiterate, presume to usurp the graduate nurse's position and aspire to those grave and serious responsibilities which belong strictly to the more intelligent type in the person of the *graduate nurse*.

This sailing under false colors is a grave evil, and can be remedied only by an organized movement among physicians to insist upon graduate nurses *only* when a fee is paid for a graduate nurse's services. Also, the physicians' co-operation in the enforcement of the laws of State registration for nurses, which is, in each of the States where it exists, an Act to regulate the practice of professional nursing.

With the progress of medicine and surgery, a corresponding advance has ensued in the methods of nursing the sick; and, in these days of higher education, the art of nursing takes its place among the scientific professions, and, as nursing is recognized as a formal auxiliary to the medical profession, refinement and education, we must admit, are essential factors in women who aspire to be trained nurses. We all know the intrinsic value of culture, which manifests itself toward success and harmony in every vocation and avocation of life. Therefore, while the opportunity presents itself, I would respectfully suggest that the physicians use their influence in recommending a more intelligent class of young women for the training schools of the small hospitals, allowing these women the privilege of affiliation with the training schools of the large city hospitals, in order to complete their training, thereby rendering themselves eligible for State registration.

State registration has done much toward raising the standard of nursing all over the country, and has served to eliminate, to a great extent, the undesirable element.

There is another type of nurse against whom discrimination should be made, namely, the cast-off graduate nurse. For some good reason she has been professionally ostracised in her own community; she seeks employment in another town, and frequently finds it. If she has been inefficient and unsatisfactory at home, we can reasonably assume that she will be the same elsewhere. For the good of all concerned, every woman who enters a community representing herself to be a graduate nurse should be required to show her credentials and some means instituted to verify same.

A movement is in view in Waycross for the betterment of nursing conditions, and, as under the physician's orders we are working toward the same great end, we must have first, last and always, your loyal co-operation. And I hope the day is not far distant when the standard of nursing all over the South will have reached such a high ethical standard that every member of this society will consider the *graduate registered nurse indispensable* to the good results obtained by his medical and surgical skill.

I thank you, gentlemen, for the courtesy of the floor.

*Read at the meeting of the Eleventh District Medical Society of Georgia, for which purpose the writer was honored with the courtesy of the floor.

STRANGULATED HERNIA IN INFANCY, WITH REPORT OF FOUR CASES.*

By A. Atkinson Mayerhew, M.D.

The reason for reporting these four cases of strangulated inguinal hernia is that our worthy secretary has been after me for some time to read a paper, but I am trying to excuse myself by this brief report.

Recently, after reading an article by Dr. A. M. Collins in the Annals of Surgery, I was rather surprised to find that strangulated hernia in the very young is not as common as I had supposed, and I take the liberty of quoting from Dr. Collins' article and statistics which he has compiled in my remarks. In taking up this subject I will not consider children over four months of age. I am inclined to think that sometimes these hernia are overlooked and infants die, passing into rapid shock preceded by nausea and vomiting, and a strangulated hernia never being suspected by the attendants.

The symptomatology in children differs from that in the adult chiefly upon the absence of subjective evidence and the tendency to more rapid collapse. The objective symptoms are nausea, vomiting, constipation, tenesmus, local tenderness, swelling, hernial tension, blood and mucus per rectum, variations in pulse from the quick, hard, followed later by the wiry, small, weak and more rapid variety. The face, depending upon the patient's general condition, may be flushed with fever or pallid, as in shock, pinched and drawn. The cardinal symptoms peculiar to infants are violent and uncontrollable screaming, recurrent vomiting (often fecal in character), tendency to retention of the urine and constipation, facies suggesting shock; also a great tendency to rapid collapse.

The mortality in these hernia vary in different authors' hands, and there is quite a wide difference. Coley considers the mortality should be considerably less than in the adult; he reports 17 cases without a death. Eston reports an aggregated mortality of 23 per cent; Dowd believes the percentage should not exceed 10 per cent., while W. B. Reid believes the percentage should not be more than 3, provided the cases are gotten early and cared for under proper conditions.

The prognosis in these cases is good, even though there is a prevailing opinion that a child so young cannot stand such an operation, but such is not the case. These children rally quickly and well. It is true there is a great tendency for physicians, and especially the parents, to try to put off operation of this character until the child becomes older or is inoperable. Whenever we find hernia with a persistent tendency to come down and offering some difficulty in replacement, it should be operated, regardless of the age of the child; for, being done before strangulation, the operation is simple and quickly accomplished. Of course, the more acceptable age to operate upon these children is from six to eight months of age, but the age should not be considered if there is a tendency to strangulation. In the ordinary hernia, when there is no tendency to being caught, I would wait and operate any time after six months. There is no occasion for the child to remain in the hospital longer than a few hours, or, in other words, until he is thoroughly awakened. He can then be taken home and any individual with ordinary intelligence, with a little instruction, can care for the child. I prefer to seal these wounds with a little collodion and cotton and then have the child kept as dry as possible by frequently changing the napkins. The patient should be examined every day by a trained nurse or the doctor, to see that there is no irritation or infection, and if such is the case the collodion dressing should be removed and the parts kept dry as possible and dusted with boracic-acid powder. Children of this age do not seem to be as prone to infection as adults.

The contents of the sack is usually small gut, but the cecum and appendix are often found, but practically never omentum on account of it not being very much developed at this age. I wish to warn against rough handling of these hernia in trying to reduce them for fear of doing harm to the gut, and, too, the skin is very easily broken by manipulation.

The diagnosis in these cases is comparatively easy. With the history and symptoms as before stated, along with a lump in the groin, the diagnosis is almost a certainty; one should be on the lookout for an undescended testicle or acute hydrocele, but with them the symptomatology is not the same.

In regard to treatment, there is but one—that is operative. The operation in these cases is a life-

*Read before Spokane Medical Society, October 23, 1914.

saving one, should not be delayed, and should be done quickly.

The anesthetic that I have used in my four cases is ether, and in looking up the literature on the subject, I find it the anesthetic of choice among the majority of operators.

In a discussion of the administration of anesthetics to children at the New Jersey State Medical Society, 1912, Tuers said: "There are practically but two anesthetics to be considered—chloroform and ether. We should administer the least dangerous drug, in the least dangerous way. Chloroform is the pleasanter of the two, but the more dangerous."

I do not think there is much choice of operations. The unanimous opinion of men who are doing a great deal of this work is not to transplant the cord, and the majority follow a modified Bassini method. Some are advising the operation of simply removing and ligating the sac, not placing any suture in the belly wall at all, claiming that it is unnecessary, and results are quite as satisfactory without. This is along the same lines as advised by Dr. Ochsner in his treatment of femoral hernia, who states it is a well-known fact that it is practically impossible to keep any ring in the human body open unless it is lined with mucous membrane or includes a serous membrane containing fluid; consequently, the most certain method of closing this ring consists of removing the serous membrane by removing the hernial sac to a point within the abdominal cavity and permitting the ring to close spontaneously.

One should be careful in handling the cord, for the vas is very friable, and often closely attached to the sac and difficult to separate, as in one of the cases I am reporting.

Case 1.—Male; colored; age 13 days; born normally, and perfectly well up to the twelfth day, when child had a hard crying spell, then began to vomit, which persisted and the vomiting became dark in color and of a fecal odor. This child was brought to the University Hospital, Baltimore, Md., 1902, and through the kindness of Dr. Randolph Winslow the case was turned over to me. Upon examining the child I found a tumor in the left inguinal region about the size of a lemon. The superficial skin over the mass had been broken by rough handling in an attempt at reduction, this being done in the outdoor maternity clinic by a senior medical student, who had delivered the child.

The child was in extreme shock, with a drawn facial expression and vomiting fecal matter. Ether was used to anesthetize the patient, the field of operation prepared and an incision made over and into the tumor. The gut was found to be quite dark, but glistening, was replaced into the abdominal cavity, the sac tied off and two interrupted sutures used to close the belly wall, the contents of the sac being cecum and the appendix. The cord was not disturbed.

The child made an uneventful recovery, and when last heard from, several months later, was perfectly well.

Case 2.—March 29, 1910. H. Wm. Johnson, son of Dr. H. W. Johnson, age nine weeks, was referred to me by his father for a strangulated left inguinal hernia, also having a right inguinal hernia. This condition had happened several times before, but his father managed to get the hernia reduced, but this time reduction was impossible. The child cried and vomited persistently, blood-stained mucus being passed by the bowels, eyes sunken and considerable shock. The child was transferred to St. Luke's Hospital. I found a mass in the left inguinal region, very tense and sensitive, extending down into the scrotum. After preparing the field of operation I opened down over the tumor, released the strangulation; gut, being much congested, was replaced, it being a loop of the small bowel. The cord was separated from the sac, which was rather difficult to do on account of the small size of the vas, which was intimately attached to it. Then the sac was tied and the wound closed with No. 0 chromic gut, no attempt to transplant cord or distinguish the layers, the skin being closed with horse hair and protected by a collodion dressing. The child made an uneventful recovery, leaving the hospital about six hours after the operation.

Case 3.—May 28, 1910. Same child as case No. 2. H. W. Johnson, four months old, was brought in by his father with the same condition existing in the right side, except that the hernia did not extend quite as far down in the scrotum. This being the first time that this side had become irreducible, as yet there had been no vomiting. The same procedure was carried out on this side as on the other, and the child left the hospital a few hours after the operation. There was some irritation, and it was necessary to remove the collodion dressing on the fifth day. After the removal of the collodion the wound was kept dusted

with boracic acid powder and as dry as possible until all irritation ceased. The stitches were removed on the ninth day with a primary union. The last report which I have gotten is, the child has a perfect result. The contents of the sac was small gut, which was in good condition.

Case 4. January 25, 1913. Child, white male; age eight weeks; well developed; bottle fed. Their family physician noticed the hernia at time of birth and tried to devise some means to keep same up. On several occasions hernia got down, and it was with difficulty that same was reduced. Was called by Dr. J. F. Hall in consultation to see the child January 25, 1913, for reason that hernia had become incarcerated and child was developing symptoms of obstruction, inability to get a bowel movement, and vomiting. We made very little attempt to reduce the hernia at this time, for it was quite tense, and, too, the mother had been attempting to reduce it as she had formerly seen the doctors do.

The child was transferred to St. Luke's Hospital. After it was asleep I attempted to reduce the hernia, but could not. An incision was made over the tumor, which extended down a short way into the scrotum; the obstruction was complete, the sac containing a loop of small gut, which was somewhat edematous, and dark red in color. The cord was separated from the sac with difficulty and canal sutured with one or two chromic No. 0 gut. There was no effort made to distinguish the layers or transplant the cord, skin sutured with horse hair, and wound sealed with a little cotton and collodion. Child left hospital a few hours later. The stitches were removed on the eighth day, primary union, child well and strong today.

BRIEF SKETCH ON ANESTHESIA.

By J. B. Weaver.

General anesthetics are volatile drugs, which, when absorbed by the lungs, induce unconsciousness and insensibility.

The most important general anesthetics are ether, chloroform, nitrous oxide, ethyl bromide and ethyl chlorid.

ETHER.

Dr. W. C. Long of Jefferson, Jackson County, Ga., was the first man to employ ether for a surgical operation. In March, 1842, he persuaded a patient, from whose neck he was about to remove a tumor, to inhale ether. The operation was done without pain and recovery followed without accident. This great event was simply recorded by Dr. Long in his ledger: "James Venable, 1842, ether and excising tumor."

On October 17, 1846, Dr. Morton, at the Massachusetts General Hospital, etherized a patient, and Dr. Warren removed a nevous tumor of the jaw without pain, though the patient did not become completely insensible. The great discovery was heralded throughout the world and was everywhere adopted with the utmost enthusiasm. Therefore the credit belongs to Dr. Morton, although Dr. Long was the first to use it.

CONTRA INDICATIONS.

The contra-indications to the employment of ether as an anesthetic are arteriosclerosis, acute inflammatory infections of the respiratory tract, severe nephritis, especially when associated with cardiovascular lesions, and anemia when the hemoglobin is less than 30 per cent. The presence of valvular disease is not in itself a contra-indication, provided compensation is well maintained. Diabetes, especially when well established and associated with acetonuria, should be considered a contra-indication, since it has been shown that the anesthetic increases the acetone and renders the patient more liable to coma.

THE ADMINISTRATION OF ETHER.

When administered as an anesthetic the following precautions should be observed: No food should be taken for several hours before the operation; the teeth should be examined, and if false they should be removed; the throat and waist should be freed from tight clothing, but the patient should not be exposed, as inflammation of the lungs is liable to follow when these precautions are unheeded.

The anesthetizer must guard against placing the head and arms of the patient in positions likely to cause pressure on nerve trunks. The eyes should be covered with a pad of moistened cotton and the lips and nostrils anointed with petrolatum to protect them from the irritant action of the ether. As the vapor of ether is highly inflammably, and since it is heavier than air, it is necessary, when operating with gas light, to have the jet above the operator. In using the cautery special care is necessary to prevent ignition. No more ether should be used than is absolutely

necessary to induce and maintain the desired degree of anesthesia. The anesthetizer should be continually on the lookout for any irregularities in the respiration or pulse and for changes in the facial appearance.

Ether may be administered from a towel loosely folded in the form of a cone. A number of inhalers are on the market, but the Esmarch inhaler is the most satisfactory. At first the inhaler is held some distance from the nose, to accustom the patient to the irritant effects of the ether, but soon it should be brought close to the nose, so that the anesthetic may be inhaled in a more concentrated form. Regular snoring respiration, muscular relaxation and insensibility of the conjunctiva are the indications that the patient is prepared for the operation.

Administration by the "drop method" or "open method," which is now adopted in many hospitals, has much to recommend it. It consists in pouring ether drop by drop, slowly but continuously upon several layers of gauze, supported by a wire-framed mask. Complete narcosis is produced in from eight to ten minutes. With this method there is much less tendency to coughing, struggling and retching, the secretion of mucus is not nearly so profuse, and the frequency of after sickness is notably reduced.

Morphine sulphate, gr. ¼, and atropine sulphate, gr. 1-150, is given hypodermically usually to quiet the patient and lessen the secretions.

The quantity of ether required for an ordinary operation is from 6 to 10 ounces.

Ether when freely inhaled at first causes coughing, choking and a sense of strangulation from its irritant effect on the mucous membrane of the respiratory tract. Soon it induces flushing of the face, dilatation of the pupils, irregularity in breathing and an increased pulse. Frequently marked emotional excitement develops, characterized by shouting, crying, laughing or violent struggling.

ACCIDENTS DURING ANESTHESIA.

The most common accident during etherization is failure of respiration. When this occurs after the first few inhalations, it is generally the result of a reflex spasm of the laryngeal muscles excited by the ether. The admixture of a little more air with the vapor will serve to relax the spasm.

Embarrassed respiration is often due to the accumulation of mucus in the upper air passages or to the tongue falling backwards into the throat.

Respiratory failure may result from the direct action of the anesthetic on the respiratory center. If such an accident should occur the treatment is the following: Withdraw the ether, lower the head and elevate the legs, push the jaw forward and draw the tongue out, practice artificial respiration, keep it up for a half-hour if necessary. If pulse is weak you can give strychnine and atropine hypodermically.

AFTER EFFECTS.

The most common after-effects are nausea and vomiting. Pneumonia is an occasional sequel. It has been ascribed to the exposure of the patient, to chilling of the lungs by the rapid evaporation of the anesthetic.

CHLOROFORM.

On the 10th of November, 1847, Sir James Y. Simpson read before the Medico-Chirurgical Society of Edinburgh an account of chloroform with a detailed history of its administration. After this discovery ether was almost immediately abandoned throughout Europe.

Chloroform has much the same action as ether. Like ether it produces, when freely inhaled, a set of phenomena which may be divided into three stages. The first stage is characterized by excitement, coughing, salivation, irregular breathing, acceleration of the pulse, loss of self-control, muscular rigidity and imperfect consciousness. The second stage is characterized by complete unconsciousness, muscular relaxation, loss of reflexes, moderate contraction of the pupils, regular shallow breathing, fall of blood pressure and fall of temperature. The third stage is characterized by pallor, dilatation of the pupils, feeble irregular breathing, extreme weakness of the pulse and very low temperature.

While chloroform ordinarily is more dangerous than ether, it is preferred when the patient is suffering from an acute inflammation of the respiratory system or in advanced nephritis.

In very hot climates chloroform is generally preferred to ether, because ether is so volatile that there is difficulty in keeping the patient under its influence. In military practice chloroform is preferable on account of the rapidity of its action and the small quantity required to induce insensibility.

Chloroform is to be avoided in all conditions of heart weakness, in all operations where there is going to be severe hemorrhage, in operations

requiring the sitting posture and in very prolonged operations.

[illegible]

Horace Wells, a dentist of Hartford, noticed the anesthetic effect of nitrous oxide upon those who inhaled it for amusement. Experimenting upon himself, he had one of his own teeth removed while under the influence of the gas. But his discovery was for a time overlooked during the excitement created by the discovery of ether. [illegible] December 24, 1844, the use of the gas as a dentistry was almost forgotten.

When freely inhaled, undiluted nitrous oxide causes an increase of blood pressure, a sense of exhilaration, ringing in the ears and lividity of the face. In a minute or two these symptoms are followed by complete unconsciousness. Upon the withdrawal of the anesthetic recovery commences [illegible] seconds. Great excitement, laughter or a disposition to fight is frequently induced by its inhalation.

Nitrous oxide is the safest of the anesthetics, [illegible] followed by any unpleasant [illegible]

Nitrous oxide is especially useful in minor operations where a short period of unconsciousness is desired.

ETHYL BROMIDE.

Ethyl bromide somewhat resembles chloroform in its anesthetic properties, but acts more quickly, is inhaled with less difficulty, is less depressing, and its effects are less lasting.

While it is not as safe as nitrous oxide, it has the advantage of not requiring a large apparatus for its administration.

Ethyl bromide is useful for short operations.

ETHYL CHLORIDE.

As a general anesthetic ethyl chloride is only suited for brief surgical operations.

On account of the intense cold caused by its evaporation, it is frequently used as a local anesthetic in minor operations.

An informal reunion and smoker was held at the University Club, Baltimore, Wednesday evening, November 26, by the Alumni Association of St. John's College. This was the night before the annual football contest between St. John's and Hopkins, at which St. John's was defeated, 13 to 3. There were informal speeches made by Dr. Thomas Fell, provost, and others.

BOOK REVIEWS

[illegible] Edited by Henry W. Cattell, A.M., M.D., Philadelphia. Vol. III. Twenty-third series. Philadelphia: J. B. Lippincott Company. $2 net.

Volume III, twenty-third series of "International Clinics" contains a number of articles well worth spending some time with. The article on "The Prophylaxis and Treatment of Malarial Infections," by Charles F. Craig, Captain, Medical Corps, United States Army, shows a firm grasp of the subject. Captain Craig is an author ity on tropical medicine, and especially malarial diseases; therefore, an article from his pen cannot be otherwise than authoritative. We were especially impressed with his statement—though everybody recognizes the vital importance of preventing malarial fever—that in many sections of the United States but little has been accomplish in the prophylaxis of these fevers. He even declares that many localities in our southernmost States are practically uninhabitable by reason of the severity of the malarial infection there present, while in others the inhabitants lead a wretched existence, made miserable by frequent and repeated attacks of malarial fever. We were still further shocked by the declaration that within recent years much money and labor have been expended in an effort to eradicate the hookworm, but very little has been accomplished or undertaken in the eradication of malarial disease, of vastly greater importance, in his opinion, than hookworm infection. The article then outlines a scientific plan by which miasmatic infection can be absolutely controlled; then discusses in turn the prophylactic use of quinine, proper treatment of the carriers of the infection and of initial infections, education of the public and the treatment of malarial infection. Though malaria is not as prevalent in Maryland as formerly, still it occurs sufficiently often for the physicians of our State to keep themselves abreast of the latest information in matters malarial. Another article which should receive some attention is "Remarks On a Clinical Study of Uncinariasis and Its Treatment," by Bailey K. Ashford of the United States Army Medical Corps, who did so much to bring hookworm under control in Porto Rico. Besides these, there are a number of other articles which no doubt will prove not only interesting, but instructive to the general practitioner.

THE HOSPITAL BULLETIN

BALTIMORE MEDICAL COLLEGE NEWS

A Monthly Journal of Medicine and Surgery

PUBLISHED BY

THE HOSPITAL BULLETIN COMPANY

608 Professional Building

BALTIMORE, MD.

Subscription price, . . . $1.00 per annum in advance

Reprints furnished at cost. Advertising rates submitted upon request

Editors

NATHAN WINSLOW, M.D. J. M. H. ROWLAND, M.D.

BALTIMORE, JANUARY 15, 1914.

THE MARYLAND LEGISLATURE.

The General Assembly is now in session and the eyes of the educational institutions are fixed in hopeful expectation on this august almoner of the State's beneficence. There is a widespread demand that the financial aid of the State be extended only to those institutions over which the State has a direct control; and that the colleges that receive State aid be gathered under the aegis of the State into a State University. The Regents of the University are now working upon this problem and will have a bill introduced authorizing the formation of a State University of Maryland.

ILLNESS OF PROF. ROBERT DORSEY COALE.

For several weeks Professor Coale, Dean of the Medical School, has been compelled to relinquish his duties on account of illness. We are happy to announce that he is now able to be out of bed and to move around the house, and we hope he may soon be back at the University. In the meanwhile Prof. Thomas A. Ashby has been appointed Acting Dean, and has the work of the Dean's office well in hand. Prof. Daniel Base has taken charge of Professor Coale's classes, and there has been no interruption in the courses in chemistry.

THE PATHOLOGICAL ENDOWMENT FUND.

The tortoise is not a swift animal, but is said to be good in a long race. According to our observation the pathological fund bears a striking resemblance to the tortoise in its lack of speed, but, though it accumulates slowly, let us hope it may also make good in the long run. Send in your contributions!

CONTRIBUTIONS BY CLASSES.

1848	$50 00
1864	20 00
1868	10 00
1871	35 00
1872	86 84
1873	510 85
1874	5 00
1875	5 00
1876	115 00
1877	10 00
1880	5 00
1881	255 00
1882	310 00
1883	40 00
1884	40 00
1885	235 00
1886	100 00
1888	50 00
1889	100 00
1890	200 00
1892	150 00
1893	40 00
1894	135 00
1895	155 00
1896	52 00
1897	80 00
1898	115 00
1899	55 00
1900	230 00
1901	280 00
1902	330 00
1903	375 00
1904	135 00
1905	220 00
1906	235 00
1907	120 00
1908	50 00
1909	40 00
1910	75 00
1911 Terra Mariae	3 50
1912 Club Latino Americano	25 00

1913 Club Latino Americano.....	30 00
1913 Alumni Faculty.....	19 85
Total to January 1, 1914.....	$10,760 12
NEW SUBSCRIPTIONS.	
Randolph Winslow, Orth.	$25 00

MEMORIAL TABLET TO DR. CORDELL.

It has been suggested that a memorial tablet be placed in Davidge Hall to the memory of the late Dr. Eugene F. Cordell. A more fitting place could not be found for the tablet, as it was there Dr. Cordell spent many of his last hours.

Feeling that many of Dr. Cordell's friends are desirous of contributing toward this tablet, we take this opportunity of announcing that a subscription list has been opened. The following have subscribed:

Dr. A. M. Shipley, $25.
Dr. Nathan Winslow, $10.
Dr. D. W. Cathell, $10.
Dr. Eugene Kerr, $10.
Dr. Randolph Winslow, $10.
Mrs. Randolph Winslow, $5.
Dr. Hiram Woods, $10.
Dr. J. W. Holland, $10.
Dr. J. Mason Hundley, $10.
Mrs. Nathan Winslow, $1.
Dr. Joseph E. Gichner, $1.
Dr. Ernest Zueblin, $5.
Dr. Edgar G. Ballenger, $10.
Dr. Louis W. Armstrong, $5.

Subscriptions may be sent to Nathan Winslow, 608 Professional Building. Acknowledgment of receipts will be made in THE HOSPITAL BULLETIN.

ITEMS

Dr. Clarence W. Heffenger, class of 1881, of Sykesville, Md., spent the Christmas holidays with relatives in Annapolis, Md. While there he attended the Christmas Day reception given by Mr. and Mrs. L. Dorsey Gassaway.

Miss Eva Chapline, University Hospital Training School for Nurses, class of 1909, who has been confined to the hospital for a number of weeks, is improving slowly. Her many friends wish her a speedy recovery.

A NEW YEAR'S WISH.

I will not wish you happiness this glorious New Year.
For yours the will,
And yours the skill
To mould your cup of cheer.
I will not wish you happiness for yours the heart and brain
The way to clear
That leads to cheer
And dries the Old Year's tear.

I will not wish contentment for you in these New Year days,
Nor pleasures, health,
Nor worlds of wealth,
Nor needs of public praise.
I will not wish you strength or gain, nor any earthly gift
That only pays
You with its lays
And paeans full of praise.

I will not wish that fear nor fret shall not beside you lurk;
I shall not ask
That you may bask
In scenes that never irk.
But I will wish you work, and work, and loads and loads of work,
For it will bring
You everything
If you can work and sing.

—*H. H. Robinson*, '09.

Dr. Lewis M. Allen, class of 1896, of Winchester, Va., formerly of Baltimore, Md., and Mrs. Allen, who were married December 10, have returned from their wedding trip and are guests of Mrs. Allen's parents at Scaleby Manor, Clarke county, Virginia.

The following alumni of the University have been elected officers of the Medical and Chirurgical Faculty for the ensuing year:

President—Dr. Randolph Winslow, class of 1873, vice Dr. A. C. Harrison, class of 1887.

Vice-President—C. F. Davidson, class of 1888.

Board of Trustees—Drs. Louis McL. Tiffany, class of 1868; Wilmer Brinton, class of 1876; J. M. H. Rowland, B.M.C., class of 1892; George L. Taneyhill, class of 1865; D. E. Stone, class of

1864; T. A. Ashby, class of 1873; James W. Humrichouse, class of 1873.

Councillors—Drs. Hiram Woods, class of 1882; G. Milton Linthicum, professor of proctology; R. Lee Hall, class of 1901; J. E. Deets, class of 1882; Charles O'Donovan, class of 1881; L. C. Carrico, class of 1885; Guy Steele, class of 1897; David Streett, professor of practice of medicine, and J. S. Bowen, class of 1903.

Dr. John B. Bay, secretary of the American Otological Society, announces that the annual meeting of the organization will be held at the Hotel Chelsea, Atlantic City, N. J., May 27 and 28, 1914.

We are glad to learn that Dr. John D. Cronmiller, class of 1857, who has been at the University Hospital for treatment of an abscess of the nose, has sufficiently recoverd to return to his home in Laurel, Md. Dr. Cronmiller is 82 years of age.

The following appointments have been made by the Medical and Chirurgical Faculty for the ensuing year:

Dr. Harry Adler, alternate. *Legislation, A. M. A.*

Drs. Herbert Harlan, class of 1879; David Streett, professor of practice of medicine; J. W. Williams, class of 1888. *Medical Education.*

Drs. Theodore E. Cook, class of 1859; John T. King, class of 1866; Josiah S. Bowen, class of 1903. *Fund for Widows and Orphans.*

Drs. Albert H. Carroll, class of 1907; J. E. Gichner, class of 1890. *Public Instruction.*

Dr. J. L. Hirsh, class of 1895. *Defense of Medical Research.*

Dr. Gordon Wilson, professor of clinical medicine. *Tuberculosis.*

Dr. George Walker, class of 1888. *Sanitary and Moral Prophylaxis.*

Drs. Thomas A. Ashby, class of 1873; Albert T. Chambers, class of 1898. *Eugenics.*

Drs. Charles W. Larned, class of 1893; Charles W. Mitchell, class of 1881; Ernest Zueblin, professor of medicine. *Milk Committee.*

Drs. A. P. Herring, class of 1896; John S. Fulton, class of 1881. *Inebriety.*

Drs. W. R. Stokes, class of 1891; Howard J. Maldeis, class of 1903; H. W. Stoner, class of 1907. *Hygienic and Pathologic Museum.*

J. M. H. Rowland, B. M. C., class of 1892; Leonard E. Neale, class of 1881; G. W. Dobbin, class of 1894; J. Oliver Purvis, class of 1904. *Midwifery Law.*

Dr. A. P. Herring, class of 1896. *Publication Committee.*

Dr. Herbert Harlan, class of 1879, and Mrs. Harlan, entertained at dinner at their home, 516 Cathedral street, Tuesday evening, December 23, in honor of their debutante daughter, Miss Sara Cator Harlan.

Dr. Gideon Timberlake, professor of genito-urinary diseases, and Mrs. Timberlake, have taken an apartment at the Winona, Park avenue and Monument street, for the winter.

Dr. Nathan R. Gorter, class of 1879, and Mrs. Gorter, entertained a house party for the Christmas holidays at their home, 1 West Biddle street.

Dr. Nathan R. Gorter, class of 1879, Health Commissioner, is urging the necessity of having a State chemist to look after cases of poisoning and poisons sold illegally.

Heretofore the chemist of the city Health Department has as a matter of courtesy attended to such cases which are not so numerous, but Dr. Gorter points out that the chemist is the head of the pure food department and must look after the water, milk, food and disease, and his time is so fully occupied with these duties now that it would be impossible for him to make poison analysis without neglecting his other work. Dr. Gorter thinks that unless the State Board of Health can take up the poison cases there should be a State chemist appointed to do the work.

Dr. John S. Fulton, class of 1881, secretary of the State Board, said that his department would not be able to do the work with its present force, and that it was probably too much to expect the city chemist to do it. He thought the matter might be arranged either by the employment of a special chemist when the necessity arose, or the employment by the State of a chemist at a small salary to look after such work when needed.

Dr. Herbert Harlan, president of the Maryland Board of Medical Examiners and a member of the executive committee of the Federation of State Medical Boards of the United States, de-

sires to call particular attention to the coming meetings in Chicago, Ill., February 23-25, 1914, both [illegible] at the Congress House, of the Conferences of the Council on Medical Education and the Council on Health and Public Instruction, and of the annual meeting of the Association [illegible] Medical Colleges and of the Federation of State Medical Boards of the United States. It is important that as many representatives as possible from all the medical colleges in the State as well as from the Board of Medical Examiners be present.

[illegible] Frederick Adams, class of 1884, and Mrs. Adams have closed their country place on the Rolling road, near Catonsville, and reopened their town house, 1314 North Charles street, for the winter.

We wish our readers a very happy and prosperous New Year.

[illegible] H. Dutrow, class of 1904, of 922 Reibold Building, Dayton, Ohio, writes that as the year 1914 marks the first decade of the class as practitioners, a class reunion and banquet be held in Baltimore in celebration thereof just preceding, during or immediately after the meeting of the American Medical Society at Atlantic City, N. J., which will be some time in June. As repeatedly stated by THE BULLETIN, we believe too many class reunions cannot be held. Such occasions tend to keep alive college spirit, youth and enthusiasm, besides an opportunity for renewing old acquaintances. We will do our part to keep the movement before our readers, and offer our pages to Dr. Dutrow or anyone else in reaching those interested. Some of the 1904 men are located in Baltimore. We suggest that these get together and make the necessary arrangements for such an occasion.

Appended is a list of the class, with addresses, as far as we are able to ascertain:

Myer W. Aaronson, 1135 E. Baltimore St., Baltimore, Md.

Alexandre A. Atiyeh, Egypt.

Charles Bagley, Jr., 5 W. Chase St., Baltimore, Md.

Alberto L. Bartlett, unknown.

Thomas G. Basnight, Greeneville, N. C.

James R. Bishop, Jr., Showell, Worcester county, Maryland.

Benjamin J. Bond, Tallahassee, Fla.

Wm. Arch. Bradsher, Roxboro, N. C.

S. Herndon Brooks, Anderson, Mo.

Julian G. Busby, Spencer, N. C.

Isaac A. Booth, Jr., unknown.

Robert L. T. Campbell, 1644 Hanover St., Baltimore, Md.

Wm. C. Clowdsley, New Smyrna, Fla.

T. Jennings Cheesley, Bamberg, S. C.

Joseph Coleman, 50 W. 116th St., New York, N. Y.

Levin D. Collier, Jr., unknown.

Wm. F. Curran, Bishop, Texas.

Alpheus E. Dann, Canton, Pa.

Taylor L. Darby, First Lieutenant, M. C., U. S. A., Manila, P. I.

Edgar Brown Davis, Byromville, Ga.

Francis H. Digges, 1663 Edmondson Ave., Baltimore, Md.

John R. Downes, Preston, Md.

Howard Victor Dutrow, 922 Reibold Building, Dayton, Ohio.

Albert B. Eagle, Martinsburg, W. Va.

Wm. W. Eichelberger, Glenwood, Md.

J. Clive Enos, Charleroi, Pa.

Harlan L. Erwin, Dalton, Ga.

Arthur E. Ewens, Le Grand Apartments, Atlantic City, N. J.

Abdalah Ezzat, Egypt.

Richard W. Garnett, Charlottesville, Va.

Wm. N. Gassoway, Sharptown, Md.

Jacob W. Girber, 529 E. Main St., Bridgeport, Conn.

Oakey L. Gribble, Beverly, W. Va.

Ejnar Hansen, 41 E. 41st St., New York, N. Y.

Charles Hardwicke, unknown.

Charlie T. Harris, unknown.

Calvin S. Hicks, Durham, N. C.

Cephas C. Hill, Darlington, S. C.

Walton Hopkins, Annapolis, Md.

R. Emmett Houston, Greenville, S. C.

James E. Hurley, Wheeling, W. Va.

Charles B. Irwin, 3002 Baltimore St., Kansas City, Mo.

Daniel St. Thomas Jenifer, Towson, Md.

James McDonald Josey, dead.

Solomon C. Katzoff, 116 Aisquith St., Baltimore, Md.

Vernon F. Kelly, 3705 Falls Rd., Baltimore, Md.

David D. King, unknown.

Richard B. C. Lamb, unknown.

B. Frank Laughlin, dead.
Francis A. Lawton, Furman, S. C.
Alvin B. Lennan, 720 N. Patterson Park Ave., Baltimore, Md.
Walter V. S. Levy, Freedman's Hospital, Washington, D. C.
Taylor Lewis, Mullins, S. C.
Wm. T. Lilly, unknown.
Bedford E. Love, Roxboro, N. C.
John R. Lowery, unknown.
James M. Lynch, Asheville, N. C.
Clyde C. Mark, Quincy, Fla.
James V. Malloy, unknown.
John R. S. Martin, Christiana, Pa.
Edward L. Mathias, 3920 Tracey Ave., Kansas City, Mo.
John W. McGehee, Reidsville, N. C.
John D. Moritz, Cismount, Va.
John L. Nicholson, Camden, N. J.
Charles L. Parks, Middlebourne, W. Va.
De Alton B. Potter, Salisbury, Md.
Jesse O. Purvis, Annapolis, Md.
Luis Garcia de Quevedo, Porto Rico.
James E. Rawlings, Daytona, Fla.
Howard T. Robinson, Grantsville, Md.
Jacob L. Rubinstein, 1667 Washington Ave., New York city.
Farah Saad, Egypt.
Norman E. Sartorius, Pocomoke City, Md.
Wm. D. Scott, Jr., 804 Pennington Ave., South Baltimore, Md.
Santiago W. Somodevilla, Santiago, Cuba.
Wm. J. Steward, Lancaster, Pa.
Wm. H. Talbott, Chesapeake Beach, Md.
Patrick Henry Taives, unknown.
Aloysius W. Valentine, 606 North Carolina Ave. S. E., Washington, D. C.
Henry Waldschmidt, 933 Hanover St., Baltimore, Md.
Reuben A. Wall, dead.
Jesse Elliott Ward, Roberson, N. C.
Wm. C. Webb, Burrowsville, Va.
M. A. Weinberg, 1804 Madison Ave., Baltimore, Md.
Carson A. Willis, Jenningston, W. Va.
Silas G. Wright, Bellevue Hospital, New York city.
Herbert E. Zepp, W. North Ave. and Ninth St., Baltimore, Md.

Dr. Eugene Kerr, class of 1905, has moved from Glencoe, Md., to his new home near Timonium.

MODERN TREATMENT.

General Practitioner;
Patient, fainting spell;
Doc looks wise, and pens as per
℞ Calomel.

Famous (any old) Specialist;
Case, Tb. or boil;
Specialists, they must exist,—
℞ Castor oil.

Surgeons, Specialists and Docs
Have their fads and faults;
Fracture, wen, measles, pox—
℞ Epsom salts.

—H. M. Robinson, '09.

The alumni of the University are much interested in the coming marriage of Dr. Joshua Rosett, class of 1903, a native of Russia, of 1503 East Baltimore street, to Miss Louise Carey, daughter of Mr. and Mrs. Francis King Carey of 509 Cathedral street. Plans for the wedding have not been completed, but it is thought that it will take place some time during the month. Dr. Rosett and his bride will spend their honeymoon abroad, probably in Southern Europe, near Naples. Both Dr. Rosett and Miss Carey are much interested in the social uplift of the community, and it was while engaged in social work that they met and fell in love with each other. Dr. Rosett is a writer of some note. His principal works are "The Middle Class" and "The Quandary."

Prof. Arthur M. Shipley, professor of materia medica and surgical pathology, and Mrs. Shipley entertained the graduating class of nurses at their home, 1827 Eutaw place, Tuesday evening, December 9. A most enjoyable evening was spent in dancing and playing cards. Refreshments were served, and the nurses were sorry when Mrs. Clarke informed them it was time to start for home.

At the meeting of the Eastern Shore Society of Baltimore City, held at the Belvedere Hotel December 11, Dr. J. Clement Clark, class of 1889, of Sykesville, Md., was chosen president. The society is composed of about 200 charter members, its object being to bring together in the city all the natives of the Eastern Shore who are residents of Baltimore. A constitution and by-laws were adopted. The by-laws provide for an annual business meeting the first Thursday in each

November, to be followed by an annual banquet sometime in January.

At the regular annual meeting of the Maryland Emergency Hospital, held December 10, Dr. H. E. Murphy, class of 1886, was re-elected chief of the medical staff. Dr. Louis B. Henkel, class of 1903, was elected secretary and Dr. Watson H. Hopkins, class of 1904, was elected a member of the executive committee.

Capt. Theodore W. Clark, class of 1886, of 10 West Hamilton street, who has been on duty with the Fifth Infantry, Maryland National Guard, as an assistant surgeon for several years, has asked to be placed on the retired list. Dr. Clark is a former assistant Quarantine physician. He became a member of the Fifth Regiment at Pimlico in the spring of 1898 when it was preparing for service in the Spanish-American War, and was the first officer in the camp to be mustered into the volunteer service of the United States Government. He was sworn in May 8, 1898.

Drs. Randolph Winslow and Frank I. Martin attended the twenty-sixth annual meeting of the Southern Surgical and Gynecological Association convention in Atlanta, Ga., December 16-18, 1913, under the presidency of Dr. John Young Brown, St. Louis, Mo. Asheville, N. C., was selected as the next place of meeting.

Among the Maryland National Guard officers who journeyed to Annapolis and paid their respects to Governor and Mrs. Goldsborough New-Year's Day was Major Robert P. Bay, Chief Medical Officer, First Brigade, class of 1905, of 1701 Guilford avenue.

Dr. Ernest Harrison Rowe, class of 1906, and Mrs. Rowe entertained a house party during the holidays at their home in Holly Hill, Caroline county.

Dr. Howard Victor Dutrow, class of 1904, is located at 922 Reibold Building, Dayton, Ohio.

Miss Nancy Brian, University Hospital Training School for Nurses, class of 1907, has resigned her position as superintendent of nurses of the Rocky Mount (N. C.) hospital.

MARY'S LAMB IN CHEMISTRY.

Mary's lamb was full of fleas,
  Which fact made Mary blue;
But now it's clean, she washed his hide
  With $HgCl$.

The lamb got constipated, then
  Was ordered calomel;
Took ten grains $HgCl$
  For plain $HgCl$.
Poor lamb has gone to (the hospital).

Mary has such lovely hair,
  The prettiest golden hue,
Which ne'er can fade, for Mary has
  On hand H_2O_2.

Once Mary would a shopping go
  (She went without her popper);
She wanted many things, but then
  She'd left without a Cu.

Mary had an awful thirst
  One day not long ago;
She strolled into a beer saloon
  And ordered H_2O.

Our Mary then was handed
  A yellow-looking mess,
Which looked some like an eggnogg
  And smelled like H_2S.

Mary's thirst is quenched at last,
  She fixed it in an ice-cream den;
She asked for a plain soda,
  But was given HCN.

—*H. M. Robinson, '09.*

The Chi Zeta Fraternity gave a smoker on November 15 at 921 McCulloh street.

Owing to the recent great number of suicides and attempted suicides by taking bichloride of mercury tablets, Dr. George Heller, Baltimore Medical College, class of 1897, of the First District, recently introduced an ordinance in the Second Branch City Council prohibiting the sale of the poison, except on the prescription of a reliable practicing physician, dentist or veterinarian. The ordinance also provides that it shall be sold only in blue or amber-colored corrugated bottles, and imposes a penalty upon those who have bichloride in their possession illegally.

At a recent meeting of the Eleventh District Medical Society of Atlanta, Ga., Dr. Charles Wes-

ley Roberts, class of 1906, was unanimously elected president. At the same meeting he read a paper entitled "The Surgical Treatment of Dyspepsia."

Dr. Charles L. Mattfeldt, class of 1896, and Mrs. Mattfeldt of Catonsville, Md., have returned from a trip to Jacksonville, Fla.

The following members were elected officers of the senior class for the year 1913-14: President, James Wesley Katzenberger; vice-president, W. B. Blanchard; secretary, George L. Timanus; treasurer, Wm. D. R. Brandon; prophet, Jesse R. Wanner; editor-in-chief of Annual, James C. Brogden; chairman executive committee, Howard H. Warner; chairman house committee, William S. Walsh.

At the recent meeting of the Medical Association of Harford County, Maryland, held at Havre de Grace, the following officers were elected for the ensuing year: Dr. J. Lee Hopkins, class of 1897, of Havre de Grace, president; Dr. Charles Bagley, Jr., class of 1904, of Bagley, Md., secretary.

At the meeting of the Washington County Medical Society, held November 13, 1913, at Hagerstown, Md., the following officers were elected for the ensuing year: Dr. Daniel A. Watkins, class of 1903, of 115 North Potomac avenue, Hagerstown, president; Dr. Ivan M. Wertz, Baltimore Medical College, class of 1903, of 117 North Potomac avenue, Hagerstown, secretary.

At the Frederick County Medical Society meeting, held November 12, 1913, at Frederick, Md., the following officers were elected for the ensuing year: Dr. Ralph R. Browning, Baltimore Medical College, class of 1897, of Myersville, president; Dr. Bernard O. Thomas, class of 1905, of 7 South Market street, Frederick, Md., secretary.

Miss N. E. Curtiss, University Hospital Training School for Nurses, class of 1911, spent a few days in the city. She is surgical nurse at the Watts' Hospital, Durham, N. C.

The engagement is announced of Dr. Clarence Benson, class of 1909, of Port Deposit, Md., to Miss Krauss of that city. The wedding will take place shortly.

Drs. Vernon L. Oler, class of 1911, of Howard Park, Md.; Cleveland D. Whelchel, class of 1913, of Georgia; Robert Glenn Allison, class of 1912, of Saranac Lake Sanitarium; Walter C. Bacon, class of 1911, of Eudowood Sanitarium, and William E. Gallion, class of 1912, of Maryland, have been recent visitors to the hospital.

Mrs. Robinette Burns Hayes, formerly Miss Minnie Bond Anderson, University Hospital Training School for Nurses, class of 1908, of Maryland, now of Fayetteville, N. C., who was recently at the hospital with her baby, who was ill, has returned to her home.

Dr. Samuel K. Pfaltzgraff, class of 1886, is located at 440 West Market street, York, Pa.

Dr. James Burch Joyce, class of 1894, and Mrs. Joyce of 1800 West North avenue attended the Army-Navy football game in New York November, 29.

We are glad to learn that Miss Grace Stoneham, a member of the senior class, University Hospital Training School for Nurses, who was operated on a short while ago, is doing nicely.

Dr. James J. Mills, Baltimore Medical College, class of 1889, and Mrs. Mills, formerly of 853 Park avenue, gave a delightful dance Christmas evening at the home of their cousins, Mr. and Mrs. William S. Hammond at Hollins Station, with whom they are spending the winter. The house was attractively decorated with holly and Christmas greens. A special feature of the entertainment was a brilliantly-lighted Christmas tree.

Miss Annie Drye, University Hospital Training School for Nurses, class of 1910, has resumed work after several weeks' illness at the hospital. She was welcomed by a number of old friends.

The regular monthly meeting of the University of Maryland Medical Society, Dr. Albert Hynson Carroll, president, and Dr. H. J. Maldeis, secretary, was held December 16 in the hospital amphitheater. Drs. Samuel T. Earle, Jr., George Mil-

ton Huthcins, J. Dawson Bowie, Arthur M. Shipley and Frank S. Lynn were among the speakers, including a picture talk on "The Hygiene Value of Public Baths" by Dr. Joseph S. Gwinn.

The regular monthly meeting of the Maryland State League of Nursing Education was held at the University Hospital Wednesday afternoon, December 17. Miss E. M. Lawler, superintendent of nurses of the Johns Hopkins Training School, was elected president and Mrs. E. P. Clarke secretary.

The editors are sorry to announce that Prof. R. Dorsey Coale, for the past ten or more years dean of the medical department of the University of Maryland and always since his first connection a conspicuous figure in university affairs, is still confined to his home by illness. Everybody connected with the institution alumni, members of the factulty, and students sorely miss his presence in the Dean's office. In point of service Dr. Coale is the oldest member of the medical faculty, having been appointed lecturer on chemistry and toxicology in 1883 and professor of the same in 1884. For the past thirty years he has faithfully and excellently served our Alma Mater, always giving the best that was in him. Since December, 1900, he has been dean of the medical faculty and as such has exhibited marked executive ability. He held the same office from 1895 to 1897. THE BULLETIN, in behalf of its readers, extends to Dr. Coale its best wishes for a speedy recovery.

The annual meeting of the Nurses' Alumnae Association of the University of Maryland was held at the University Hospital, January 5, 1914. The following officers were elected:

President—Mrs. Ethel P. Clarke.
First Vice-President—Miss Mary Gavin.
Second Vice-President—Mrs. Page Edmunds.
Secretary—Mrs. Frank S. Lynn.
Treasurer—Mrs. Nathan Winslow.
Members of the Executive Committee—Miss M. E. Rolph, Miss S. A. Hostrawser, Miss M. E. Sullivan and Mrs. T. Reese Cornelius.

The regular January entrance examinations of the Board of Medical Examiners of Maryland will be given January 19th to 24th, inclusive, in the hall of the Medical and Chirurgical Faculty of Maryland, 1211 Cathedral street. These examinations are held three times a year, January, June and September. Credits earned in them count toward the certificates issued by the Board of Medical Examiners of Maryland for entrance to medical and dental schools in Maryland.

Miss Ruth R. Kuhn, University Hospital Training School for Nurses, class of 1905, superintendent of nurses of the Atlantic Coast Line Hospital, Waycross, Ga., is ill at the Maryland University Hospital.

The engagement is announced of Dr. Hugh Warren Brent, class of 1903, of 2124 Maryland avenue, to Miss Helen Vogeler, daughter of the late Jerome L. Vogeler and Mrs. Vogeler, of 1500 Eutaw Place. The wedding will take place sometime during the winter. Dr. Brent is one of the prominent young surgeons of this city.

BIRTHS

To Dr. Walter C. Gordon, class of 1907, and Mrs. Gordon, of 610 Cranston street, Providence, R. I., November 9, 1913, a son—Walter Colwell Gordon, Jr.

Recently to Dr. E. L. Whitney, associate professor of physiological chemistry, pharmacology and clinical pathology, and Mrs. Whitney, of 1520 Linden avenue, a daughter.

MARRIAGES

Dr. Charles B. Henkel, class of 1889, former alderman of Annapolis, to Mrs. Margaret M. B. Hall, both of Annapolis, Md., at Annapolis, December 9, 1913. Dr. and Mrs. Henkel will reside in Annapolis, where the groom is practicing his profession.

Dr. Charles L. Schmidt, class of 1911, formerly of 2211 Eutaw place, now of Union Bridge, to Miss Jane I. Purdum of Reisterstown, Md., at Baltimore, December 17, 1913.

DEATHS

Dr. George T. Truitt, class of 1870, died at his home, 1624 Lanvale street, Baltimore, Md., December 18, 1913.

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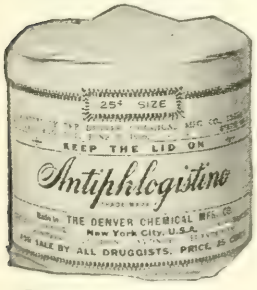
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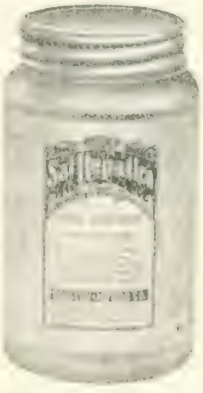

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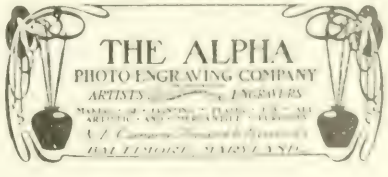

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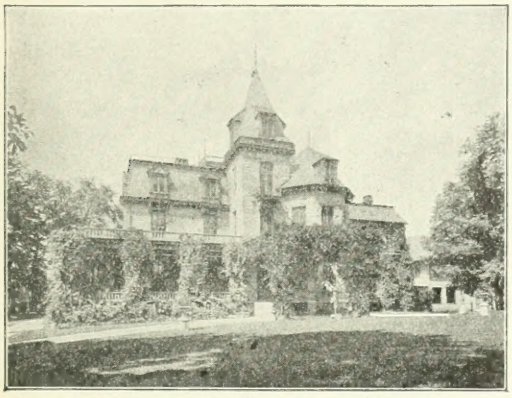

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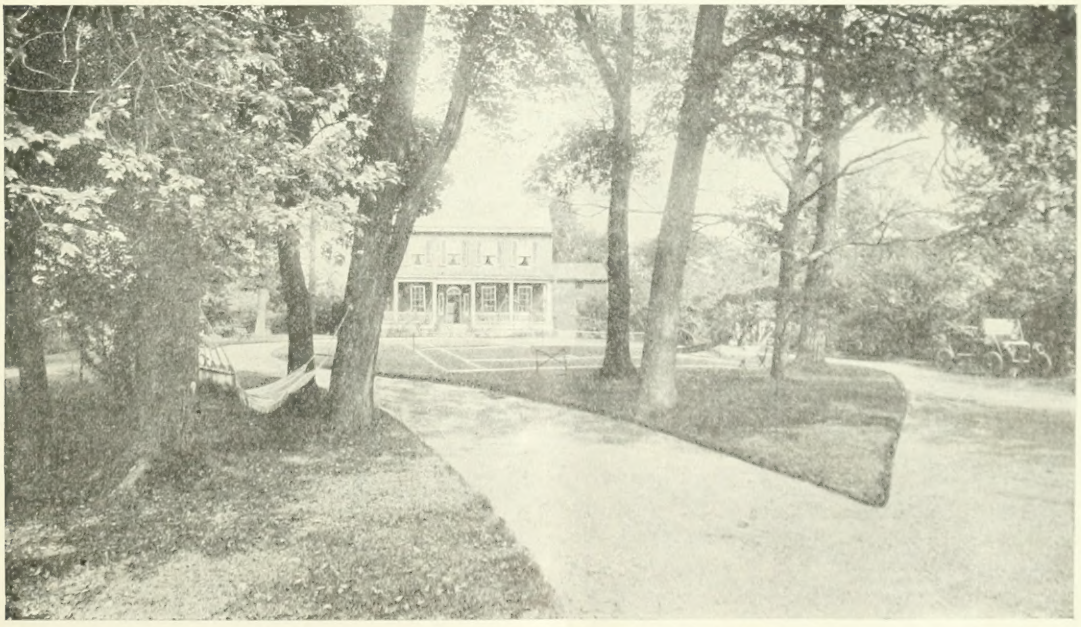

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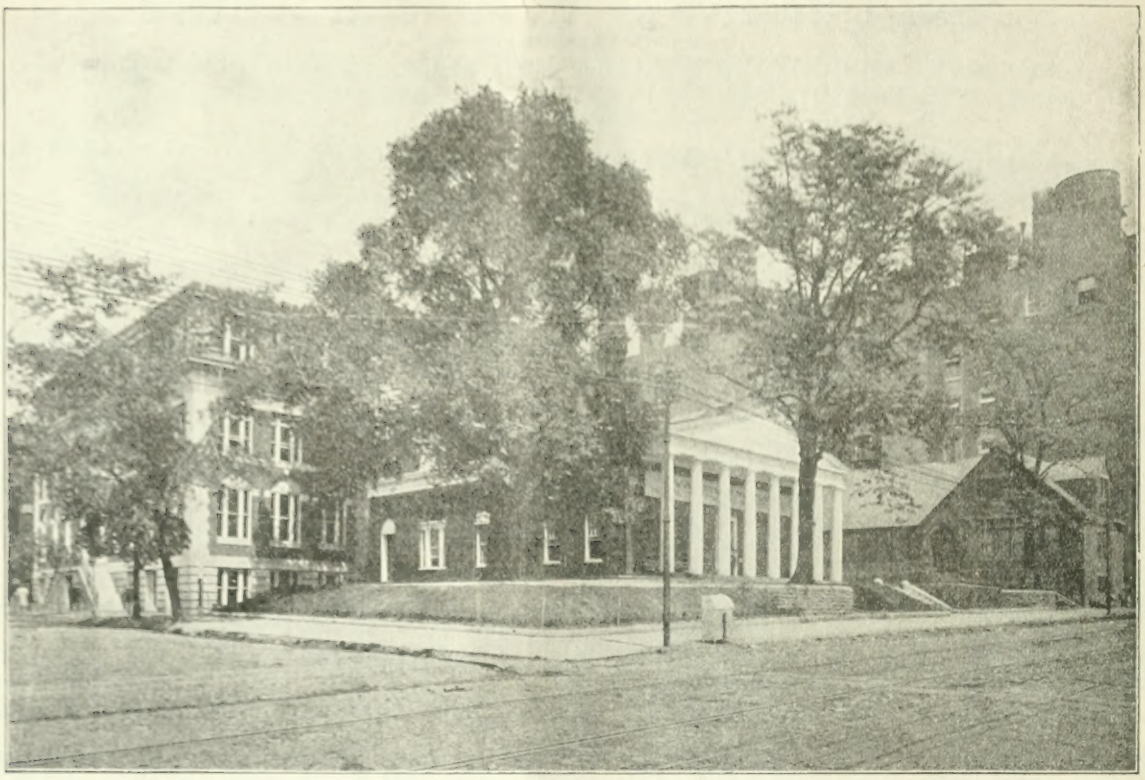

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